



UNITED STATES DISTRICT COURT
EASTERN DISTRICT OF MISSOURI
Southeastern DIVISION

Dean Bryan Davidson)

(Write the full name of the plaintiff in this action.)
(Include prisoner registration number.))

v. Mark Stringer; Director of)
the M.D.M.H.)

Denise Hacker; C.O.O. of)
the S.M.M.H.C.)
State of Missouri)

(Write the full name of each defendant. The caption)
must include the names of **all** of the parties.)
Fed. R. Civ. P. 10(a). Merely listing one party and)
writing "et al." is insufficient. Attach additional)
sheets if necessary.))

Case No: _____
(to be assigned by Clerk of District Court)

Plaintiff Requests Trial by Jury
☒ Yes ☐ No

PRISONER CIVIL RIGHTS COMPLAINT UNDER 42 U.S.C. § 1983

NOTICE:

Federal Rule of Civil Procedure 5.2 addresses the privacy and security concerns resulting from public access to electronic court files. Under this rule, papers filed with the court should not contain: an individual's full social security number or full birth date, the full name of a person known to be a minor, or a complete financial account number. A filing may include only: the last four digits of a social security number, the year of an individual's birth, a minor's initials, and the last four digits of a financial account number.

Except as noted in this form, plaintiff should not send exhibits, affidavits, witness statements, or any other materials to the Clerk's Office with this complaint.

In order for your complaint to be filed, it must be accompanied by the filing fee or an application to proceed without prepayment of fees and costs.

I. The Parties to this Complaint

A. The Plaintiff

Name: Dean Bryan Davidson

Other names you have used: N/A

Prisoner Registration Number: 452235

Current Institution: Southeast Missouri Mental Health Center
at: 1010 W. Columbia St., Farmington, MO. 63640

Indicate your prisoner status:

☐ Pretrial detainee

☐ Convicted and sentenced state prisoner

☐ Civilly committed detainee

☐ Convicted and sentenced federal prisoner

☐ Immigration detainee

☐ Other (explain): Voluntary by Guardian but kept w/a Court Order

B. The Defendant(s)

To the best of your knowledge, give the information below for each defendant named in the caption of this complaint. Make sure the defendant(s) named below are the same as those listed in the caption of this complaint. Attach additional pages if necessary.

For an individual defendant, include the person's job title, and check whether you are suing the individual in his or her individual capacity, official capacity, or both.

Defendant 1

Name: Mark Stringer/State of Missouri

Job or Title: Director of MO. Dept. of Mental Health

Badge/Shield Number: N/A

Employer: State of Missouri

Address: 1706 Elm St. Jefferson City, MO. 65102

☐ Individual Capacity

☒ Official Capacity

Defendant 2

Name: Denise Hacker
Job or Title: C.O.O. of Southeast Mo. Mental Health Center
Badge/Shield Number: N/A
Employer: State of Missouri
Address: 1010 W. Columbia St. Farmington, MO. 63640
☐ Individual Capacity ☒ Official Capacity

II. Statement of Claim

Type, or neatly print, a short and plain statement of the **FACTS** that support your claim(s). For every defendant you have named in this complaint, you must state what he or she personally did to harm you. If more than one claim is asserted, number each claim and write a short and plain statement of each claim in a separate paragraph. Do not make legal arguments, or cite court cases or statutes. You may attach additional pages if necessary.

Your statement of claim must include all of the following information:

1. What happened to you?
2. When did it happen?
3. Where did it happen?
4. What injuries did you suffer?
5. What did each defendant personally do, or fail to do, to harm you?

I was falsely diagnosed as being an excessive fluid drinker for six years from 2012-2018. Because they had prescribed me Desmopressin that critically lowered my sodium. So it's the reason why I'm still here. Because they thought I needed to be supervised for my fluids. And I was put on a fluid restriction so low I couldn't drink with all of my meals. But even though my fluids were restricted my sodium was still critically low. So I thought if it wasn't a medication it was something wrong with me. They didn't believe me when I told them that I didn't drink any more than restriction allowed. (Continue on next page)

It was prescribed here at the Southeast Missouri Mental Health Center after it almost killed me once before at F.S.H. on 6/16/2007. It caused a seizure and fall putting me in a coma for a couple of weeks with brain trauma. But the Doctor back then failed to report that I was taking it to the University Hospital at One Hospital Drive in Columbia, Missouri 65212.

But now ever since it was discontinued on 6/18/2018 my sodium was and has been excellent. So now what they thought to be true about my fluids no longer is. But for six years the Doctors here at the S.M.M.H.C. failed to check and see if my hyponatremia (low sodium) was a medication. It gave me diabetes & I was prescribed Metformin for it on 8/3/2016. And it also caused hypertension. And now since they thought I needed to be supervised for my fluids it's why I'm still here. It also caused an altered mental status.

For a long time they tampered with my Legal mail. They opened it, read it and then disposed of it without allowing me to know of its contents. And they won't allow me to get my medical record evidence,

III. Injuries

If you sustained injuries related to the events alleged above, describe your injuries and state what medical treatment, if any, you required and did or did not receive.

I got hypertension, severe mental anxiety I still have now. I take Vistaril every day now for anxiety. And it caused me to have diabetes and I've been prescribed Metformin for it on 8/3/2016, and now I also take Glipizide for diabetes. And I still have brain trauma from when it almost killed me once before and it also caused an altered mental status.

IV. Relief

State briefly and precisely what you want the Court to do for you. Do not make legal arguments. Do not cite any cases or statutes. If you are requesting money damages, include the amounts of any actual damages and/or punitive damages you are claiming. Explain why you believe you are entitled to recover those damages.

I want to sue for restitution of ~~one~~ million dollars for all of my ~~pain~~, suffering, anguish, loss of good time, disability, and future medical expenses. I was prescribed a dangerous medication that should have been monitored for its known side effects for six years. At first I put pain but that was from F.S.H.

V. Exhaustion of Administrative Remedies/Administrative Procedures

The Prison Litigation Reform Act ("PLRA") 42 U.S.C. § 1997e(a), requires that "[n]o action shall be brought with respect to prison conditions under section 1983 of this title, or any other Federal law, by a prisoner confined in any jail, prison, or other correctional facility until such administrative remedies as are available are exhausted."

Administrative remedies are also known as grievance procedures. Your case may be dismissed if you have not exhausted your administrative remedies.

- A. Did your claim(s) arise while you were confined in a jail, prison, or other correctional facility?

☒ Yes

☐ No

If yes, name the jail, prison or other correctional facility where you were confined at the time of the events giving rise to your claim(s): The mental institutionalized facility "Southeast Missouri Mental Health Center."

- B. Does the jail, prison or other correctional facility where your claim(s) arose have a grievance procedure?

☒ Yes

☐ No

☐ Do not know

- C. If yes, does the grievance procedure at the jail, prison or other correctional facility where your claim(s) arose cover some or all of your claims?

☐ Yes

☐ No

☒ Do not know

If yes, which claim(s)? Of being unlawfully confined & have-
-ing my Legal mail tampered with. And not allowing
me to obtain my medical records. Civil rights violat-
-ions. Effecting my statute.

D. Did you file a grievance in the jail, prison, or other correctional facility where your claim(s) arose concerning the facts relating to this complaint?

☒ Yes ☐ No

If no, did you file a grievance about the events described in this complaint at any other jail, prison, or other correctional facility?

☐ Yes ☒ No

E. If you did file a grievance:

1. Where did you file the grievance? In the S.M.M.H.C.

2. What did you claim in your grievance? (Attach a copy of your grievance, if available) That I was unlawfully confined, & how
Im not at all a threat to myself or others, And
how I was falsely diagnosed as being an excessive
fluid drinker do to Desmopressin, ect...

3. What was the result, if any? (Attach a copy of any written response to your grievance, if available) They said that they were trying
to find me a place, but that it was against
medical advice. But then they got a court
order to keep me here a year later. And they've
retaliated against me for sticking up for my
rights.

4. What steps, if any, did you take to appeal that decision? Is the grievance process completed? If not, explain why not. (*Describe all efforts to appeal to the highest level of the grievance process.*)

There is nothing more that I can do. I've completed some grievances but can't really get any help with anything. They're a waste of my time.

- F. If you did not file a grievance:

1. If there are any reasons why you did not file a grievance, state them here:

N/A

2. If you did not file a grievance but you did inform officials of your claim, state who you informed, when and how, and their response, if any:

N/A

- G. Please set forth any additional information that is relevant to the exhaustion of your administrative remedies.

I've filed dozens of amended complaints about my rights violated. So this isn't a Civil rights case now but one for malpractice and neglect.

(*Note: You may attach as exhibits to this complaint any documents related to the exhaustion of your administrative remedies.*)

VI. Previous Lawsuits

The "three strikes rule" bars a prisoner from bringing a civil action or an appeal in federal court without paying the filing fee if that prisoner has "on three or more prior occasions, while incarcerated or detained in any facility, brought an action or appeal in a court of the United States that was dismissed on the grounds that it is frivolous, malicious, or fails to state a claim upon which relief may be granted, unless the prisoner is under imminent danger of serious physical injury." 28 U.S.C. § 1915(g).

- A. To the best of your knowledge, have you ever had a case dismissed on the basis of this "three strikes rule"?

☐ Yes

☒ No

If yes, state which court dismissed your case and when it was dismissed. Attach a copy of the court's order, if possible.

N/A

Have you filed other lawsuits in state or federal court dealing with the same facts involved in this action?

☒ Yes

☐ No

- B. If your answer to A is yes, describe each lawsuit by answering questions 1 through 7 below. (If there is more than one lawsuit, describe the additional lawsuits on another page, using the same format.)

1. Parties to the previous lawsuit

Plaintiff Dean Bryan Davidson

Defendant(s) Mark Stringer

2. Court (if federal court, name the district; if state court, name the state and county)

(attached is a list of cases I've filed on my own without help.) Western, & Eastern Dist.

3. Docket or case number (see attached case no's attached)

4. Name of Judge assigned to your case See on seporite pg, attached,

(For Page 8 B numbers 2,3,&4)

My first Cases I filed were about the first time I had side effects from Desmopressin but I didn't know which med caused them nor doctors correct name. My first Cases were numbered 4:10-cv-0071-FJG; 094045-cv-v-sow; 2:09-cv-04045 BCW/sow; 4:10-cv-00711 FJG/10-0711-cv-v-FJG; 2:10-cv-0426-SOW; 10-0712-cv-w-ODS P; 10-0710-cv-w-ODS; 4:10-cv-00712 ODS; 09-4045-cv-c-sow; 2:10-cv-04262 SOW. Then once I learned which med caused hyponatremia (low sodium) I filed Cases numbered 21:0591-cv-w-FJG; 21-04156-cv-c-BCW-P; 4:19-cv-00399-FJG; 2:19-cv-04148-BCW; 4:19-cv-00566-BCW; 4:19-cv-0065-FJG; 4:17-cv-02078-ALC; 4:18-cv-0056-FJG; 2:09-cv-04045-BCW; 4:19-cv-02148-RWS; 4:18-cv-00247-RWS; 4:17-cv-02076-RLW; 4:18-cv-01665-PLC; 4:18-cv-00103-RLW; 4:20-cv-01478-DDN; 2:19-cv-04105-BCW; 4:21-cv-00931-NCC & 2:21-cv-04205-BCW. I'm now needing to sue the S.M.M.H.C, that prescribed it for six additional years. But they won't allow me to obtain my medical records. So now I don't have record of the Doctors who prescribed it or put me on a fluid restriction. I've filed all these Cases myself without any help. So you can see how hard I've worked on it all, and what I'm capable of. And I'm trying to get an attorney. So please appoint me one.

5. Approximate date of filing lawsuit Since January 11th 2021
6. Is the case still pending?
- ☐ Yes
- ☒ No (If no, give the approximate date of disposition): 1/11/2021
7. What was the result of the case? (For example: Was the case dismissed? Was judgment entered in your favor? Was the case appealed?) My motion to leave to proceed in forma pauperis was Granted And Cases appealed w/ 8th Circuit are NO. 17-1706, 18-1619; 18-1694; 18-2200; 18-2208, 18-2214; 18-2227 18-2301; 19-1579; 19-2196; 19-3670; 21-2298, 21-3015
- C. Have you filed other lawsuits in state or federal court otherwise relating to the conditions of your imprisonment?
- ☐ Yes ☒ No
- D. If your answer to C is yes, describe each lawsuit by answering questions 1 through 7 below. (If there is more than one lawsuit, describe the additional lawsuits on another page, using the same format.)
1. Parties to the previous lawsuit
- Plaintiff N/A
- Defendant(s) N/A
2. Court (if federal court, name the district; if state court, name the state and county)
3. Docket or case number N/A
4. Name of Judge assigned to your case N/A
5. Approximate date of filing lawsuit N/A

6. Is the case still pending?

☐ Yes

☒ No (If no, give the approximate date of disposition): N/A Jan 11, 2021

7. What was the result of the case? (For example: Was the case dismissed? Was judgment entered in your favor? Was the case appealed?)

N/A

VII. Certification and Closing

Under Federal Rule of Civil Procedure 11, by signing below, I certify to the best of my knowledge, information, and belief that this complaint: (1) is not being presented for an improper purpose, such as to harass, cause unnecessary delay, or needlessly increase the cost of litigation; (2) is supported by existing law or by a nonfrivolous argument for extending, modifying, or reversing existing law; (3) the factual contentions have evidentiary support or, if specifically so identified, will likely have evidentiary support after a reasonable opportunity for further investigation or discovery; and (4) the complaint otherwise complies with the requirements of Rule 11.

I agree to provide the Clerk's Office with any changes to my address where case-related papers may be served. I understand that my failure to keep a current address on file with the Clerk's Office may result in the dismissal of my case.

I declare under penalty of perjury that the foregoing is true and correct.

Signed this 23 day of August, 2022.

Signature of Plaintiff

